



CERTIFIED MAIL-RETURN RECEIPT REQUESTED

July 25, 1995

David Werdegar, M.D., M.P.H.
Director
Health Policy and Planning Division
Office of Statewide Health Planning and Development
1600 9th Street
Suite 400
Sacramento, CA 95814

Dear Dr. Werdegar:

We have completed our review of the packet of your California Hospitals' risk adjusted outcome measures that was mailed to Garfield Medical Center during the early part of June 1995.

Given the fact that we fell into the category of being "not significantly different than expected, even though no patients had adverse outcomes" in cervical diskectomies or "not significantly different, with adverse outcomes of one or more patients" undergoing lumbar diskectomies, cesarean sections or vaginal deliveries, we decided to focus on your findings of our acute myocardial infarction admissions for the given time period of August 26, 1990 through May 31, 1992. Here, our special interest was the assignment of the more conservative Model A, which includes fewer risk factors. This was the only area where Garfield Medical Center received a "significantly worse than expected" mark.

We noted that all 134 AMI patients credited to our facility actually were admitted to and treated by Garfield Medical Center staff. There were no transfers in from other acute hospitals. We omitted the two (2) patients sent to us by long term care facilities and derived at the same number of mortalities listed under "observed outcomes". Each mortality chart was screened for detail. We looked at average age per male and female; also type and source of admission, and payer source and race, and screened these patients for type of MI, if TPA/Eminase was given, if procedures were performed and what type. We identified if the patient was a "No Code" on arrival or if a "DNR" order was written after the patient's condition offered no further hope for survival. There was agreement with 26 of your patient findings. Our review group questioned three (3) cases, of whom two (2) patients had been found "down in the street" by paramedics in full arrest and one (1) patient with a small subdural MI who died of complications after a Coronary Artery Bypass Graft (CABG) surgery on day 4 of her hospitalization. The team felt strongly that hospitals should not receive negative credit for this type of AMI admissions.

We would like for you to consider our concerns before the Model A data is presented to the media. One additional suggestion was offered by our group. It would be much simpler and save time if you could in some way identify patients who were discharged alive but expired within 30 days of the date of the previous in-house admission.

Hopefully this explains our stand and viewpoint in the above matter. If you should require further information, please do not hesitate to contact me.

Sincerely,

A handwritten signature in black ink, appearing to be 'P. Petre', with a stylized, cursive script.

Patrick Petre
Chief Operating Officer